

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

File In RT Place
Hom owners

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07 MAY -1 PM 12:51

FLA. DEPT. OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

DOCUMENT # N05000002471					
1. Entity Name RT PLAZA PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4700 CRUMP ROAD HAINES CITY, FL 33844			Mailing Address 4700 CRUMP ROAD HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box # 38283 Highway 27			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Davenport, FL		City & State		4. FEI Number 20-2476147	
Zip 33837	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALARICO, BOBBY 4700 CRUMP ROAD HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name John Webb Street Address (P.O. Box Number is Not Acceptable) 38283 Highway 27 City Davenport FL Zip Code 33837		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Bobby Talarico <small>Signature, typed or printed name of registered agent and not applicable</small>			DATE 1-29-2007 <small>(None. Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO TALARICO, BOBBY 4700 CRUMP ROAD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Webb, John 38283 Hwy. 27, Davenport, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO TALARICO, NANCY 4700 CRUMP ROAD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Kathy Webb 38283 Hwy. 27, Davenport, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO TALBOTT, DAVID 4700 CRUMP ROAD HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Bobby Talarico 4700 Crump Rd., Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100102931801 05/21/07--01017--004 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-29-2007 Daytime Phone # 863-422-2999		